

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **DETECTION OF SOMATIC CELLS IN MILK** the specification of which was filed on International Filing Date July 16, 2004 as International Application No. PCT/US2004/022998, U.S. Application No. 10/566,077.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
PCT	PCT/US2004/022998	07/16/04	Yes

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/490,126	07/25/03
60/556,243	03/24/04

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

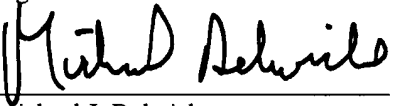
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

All representatives associated with Customer Number 20350

Send Correspondence to: Kevin L. Bastian TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, Eighth Floor San Francisco, California 94111-3834	Direct Telephone Calls to: (Name, Reg. No., Telephone No.) Name: Kevin L. Bastian Reg. No.: 34,774 Telephone: 415-576-0200
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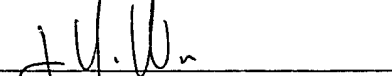
Full Name of Inventor 1:	Last Name: DELWICHE	Suffix:	First Name: MICHAEL	Middle Name or Initial: J.	
Residence & Citizenship:	City: Winters		State/Foreign Country: California		Country of Citizenship: United States
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					Postal Code: 95694
Full Name of Inventor 2:	Last Name: WU	Suffix:	First Name: JANICE	Middle Name or Initial:	
Residence & Citizenship:	City: San Francisco		State/Foreign Country: California		Country of Citizenship: United States
Post Office Address:	Post Office Address: 1719 8th Avenue		City: San Francisco		State/Country: California
					Postal Code: 94122

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  _____ Michael J. Delwiche Date Aug. 29, 2006	Signature of Inventor 2 _____ Janice Wu Date
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Full Name of Inventor 1:	Last Name: DELWICHE	Suffix:	First Name: MICHAEL	Middle Name or Initial: J.
Residence & Citizenship:	City: Winters		State/Foreign Country: California	Country of Citizenship: United States
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Full Name of Inventor 2:	Last Name: WU	Suffix:	First Name: JANICE	Middle Name or Initial:
Residence & Citizenship:	City: San Francisco		State/Foreign Country: California	Country of Citizenship: United States
Post Office Address:	Post Office Address: 1719 8th Avenue		City: San Francisco	State/Country: California Postal Code: 94122

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2
	
Michael J. Delwiche	Janice Wu
Date	Date 8/30/06